

# PSJ3

## Exhibit 195

**To:** Mark Chenoweth[MChenoweth@WLF.org]  
**From:** Rosen, Burt  
**Sent:** Thur 2/11/2016 6:20:58 PM  
**Subject:** RE: Today's Senate Judiciary S 524 relavance to CDC.

Looks like Buca di Beppo and Ruth Chris are convenient. Do you have a preference? Either is fine. I will then make a reservation and send to you.

Many thanks

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**From:** Mark Chenoweth [mailto:MChenoweth@WLF.org]  
**Sent:** Thursday, February 11, 2016 6:33 PM  
**To:** Rosen, Burt  
**Subject:** RE: Today's Senate Judiciary S 524 relavance to CDC.

We're happy to defer to you. If you're looking for something this direction, Circa and Scion are both decent options. Ruth's Chris and Buca di Beppo are close by on Connecticut Ave. too. But if you have a favorite or preferred place, we can meet you there.

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**From:** Rosen, Burt [mailto:Burt.Rosen@pharma.com]  
**Sent:** Thursday, February 11, 2016 6:08 PM  
**To:** Mark Chenoweth  
**Subject:** Re: Today's Senate Judiciary S 524 relavance to CDC.

Great. Would you like to choose a restaurant.

On Feb 11, 2016, at 6:07 PM, Mark Chenoweth <MChenoweth@WLF.org> wrote:

Let's make it the 17<sup>th</sup> then. Glenn is available too.

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**From:** Rosen, Burt [mailto:Burt.Rosen@pharma.com]  
**Sent:** Thursday, February 11, 2016 6:02 PM  
**To:** Mark Chenoweth  
**Cc:** Rich Samp; Glenn Lammi  
**Subject:** RE: Today's Senate Judiciary S 524 relavance to CDC.

The 17<sup>th</sup> works for me at 12:30 as well. am at HQ on 22, and 23.  
thanks

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**From:** Mark Chenoweth [mailto:MChenoweth@WLF.org]  
**Sent:** Thursday, February 11, 2016 5:50 PM  
**To:** Rosen, Burt  
**Cc:** Rich Samp  
**Subject:** RE: Today's Senate Judiciary S 524 relavance to CDC.

I can't do the 16<sup>th</sup>. But I could do the 17<sup>th</sup>, 19<sup>th</sup>, 22d or 23<sup>rd</sup>. I'm not sure about Rich or Cory/Glenn, but we'll find out.

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**From:** Rosen, Burt [mailto:Burt.Rosen@pharma.com]  
**Sent:** Thursday, February 11, 2016 5:11 PM  
**To:** Mark Chenoweth  
**Cc:** Rich Samp; Mark Chenoweth

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**Subject:** RE: Today's Senate Judiciary S 524 relavance to CDC.

No need for feedback, just wanted you to see what Judiciary did. I think it could be argued that it calls into question the CDC. No sooner are they issued, if they are, than a real APA process reviews them. Not ideal, but something. What do you think?

Are any or all of you available for lunch next week? Maybe the 16<sup>th</sup> at 12:30?  
Many thanks

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**From:** Mark Chenoweth [<mailto:MChenoweth@WLF.org>]  
**Sent:** Thursday, February 11, 2016 5:06 PM  
**To:** Rosen, Burt  
**Subject:** RE: Today's Senate Judiciary S 524 relavance to CDC.

Burt,  
What is your timeline for feedback on this draft?  
Thanks,  
-Mark

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**From:** Rosen, Burt [<mailto:Burt.Rosen@pharma.com>]  
**Sent:** Thursday, February 11, 2016 4:38 PM  
**To:** Rich Samp; Mark Chenoweth; Glenn Lammi  
**Subject:** FW: Today's Senate Judiciary S 524 relavance to CDC.

Please see particularly Section 101 on Best Practices for prescribing opioids. Seems to meet our concerns for an interdisciplinary, non-biased, and transparent process. The process would set 2018 for finalizing guidelines and specifically calls for a review of the CDC guidelines. Under duties, the task force shall consider among other things the CDC draft guidelines from the Fed. Reg. and any final guidelines (presuming there are final guidelines)

This bill has not yet moved in the House, but several Pain Care Forum groups are working on a house version that has a similar section 101.

c)(d) Duties.—The task force shall— 30

(1) not later than 180 days after the date on which the task force is convened under 31 subsection (a), develop**(b), review, modify, and update, as appropriate,** best practices for 32 pain management (including chronic and acute pain) and prescribing pain medication, 33 taking into consideration— 34

(A) existing pain management research; 35

(B) recommendations from relevant conferences; 1

(C) ongoing efforts at the State and local levels and by medical professional 2 organizations to develop improved pain management strategies; and, **including 3 consideration of alternatives to opioids to reduce opioid monotherapy in 4 appropriate cases; 5**

(D) the management of high-risk populations, other than populations who suffer 6 pain, who— 7

- (i) may use or be prescribed benzodiazepines, alcohol, and diverted opioids; or 8
- (ii) receive opioids in the course of medical care; **and** 9
- (E) the Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain** 10  
**issued by the Centers for Disease Control and Prevention (80 Fed. Reg. 77351** 11  
**(December 14, 2015)) and any final guidelines issued by the Centers for Disease**  
**12 Control and Prevention;** 13
- (2) solicit and take into consideration public comment on the practices developed under  
14 paragraph (1), amending such best practices if appropriate; and 15
- (3) develop a strategy for disseminating information about the best practices developed  
16 under paragraphs (1) and (2) to prescribers, health professionals, pharmacists, State  
17 medical boards, and other parties, as the Secretary determines appropriate. **to**  
**stakeholders, as** 18 **appropriate.** 19
- (d)(e) Limitation.—The task force shall not have rulemaking authority. 20
- (e)(f) Report.—Not later than 270 days after the date on which the task force is  
21 convened under subsection (a)(b), the task force shall submit to Congress a report  
that includes— 22
- (1) the strategy for disseminating best practices developed under subsection (c); **for**  
**pain** 23 **management (including chronic and acute pain) and prescribing pain**  
**medication, as** 24 **reviewed, modified, or updated under subsection (d);** 25
- (2) the results of a feasibility study on linking **the** best practices developed under 26  
subsection (c) **described in paragraph (1)** to receiving and renewing registrations  
under 27 section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)); and 28
- (3) recommendations on how to apply **for effectively applying the** best practices 29  
developed under subsection (c) **described in paragraph (1)** to improve prescribing  
30 practices at medical facilities, including medical facilities of the Veterans Health  
31 Administration.

S. 524

<http://www.judiciary.senate.gov/imo/media/doc/S.524%20Substitute%20Redline%20-%20OLL16092.pdf>